DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/06/2015 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF PROVIDENCE SITEET ADDRESS, CITY, STATE, ZIP CODE 4916 CHARLESTOWN RD NEW ALBANY, IN 47150 SEACH DESCRIPTION OF DEPOCHOUSES EACH DEPOCHOUSE OF DEPOCHOUSES EACH DEPOCH DEPOCHOUSE OF DEPOCHOUSES EACH DEPOCH DEPOCHOUSE OF DEPOCHOUSES EACH DEPOCH DEP	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF PROVIDENCE STREET ADDRESS, CITY, STATE, ZIP CODE 4919 CHARLESTOWN RD NEW ALBANY, IN 47150 REGULATORY OR LSC IDENTIFYING INFORMATION) INTITUAL COMMENTS (F 000) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00172945 - Completed on May 15, 2015. Complaint IN00172945 - Corrected Survey date: July 1, 2015 Facility number: 200256980 Census bed type: SNF: 62 SNF: 88 Residential: 3 Total: 133 Census payor type: Medicare: 22 Medicare: 22 Medicare: 22 Medicare: 22 Medicare: 22 Medicare: 30 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance of Complaint IN00172945.			155668					
DIVERSICARE OF PROVIDENCE April Diversicate Diversi							07/01/2015	
DIVERSICATE OF PROVIDENCE NEW ALBANY, IN 47150	NAME OF PROVIDER OR SUPPLIER							
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (F 000) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00172945 Complaint IN00172945 - Corrected Survey date: July 1, 2015 Facility number: 001144 Provider number: 15568 AlM number: 200256980 Census bed type: SNF: 62 SNFNR: 68 Residential: 3 Total: 133 Census payor type: Medicare: 22 Medicaid: 59 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 LCd. 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.	DIVERSICARE OF PROVIDENCE							
(F 000) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00172945 completed on May 15, 2015. Complaint IN00172945 - Corrected Survey date: July 1, 2015 Facility number: 001144 Provider number: 155668 AIM number: 200256980 Census bed type: SNF: 62 SNF/NF: 68 Residential: 3 Total: 133 Census payor type: Medicare: 22 Medicaid: 59 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.		(EACH DEFICIENCY MUST BE PRECEDED BY FULL			ıv	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5)
This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00172945 completed on May 15, 2015. Complaint IN00172945 - Corrected Survey date: July 1, 2015 Facility number: 001144 Provider number: 155668 AIM number: 200256980 Census bed type: SNF: 62 SNF/NF: 68 Residential: 3 Total: 133 Census payor type: Medicare: 22 Medicare: 22 Medicare: 22 Medicare: 30 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.								
the Investigation of Complaint IN00172945 completed on May 15, 2015. Complaint IN00172945 - Corrected Survey date: July 1, 2015 Facility number: 001144 Provider number: 155668 AIM number: 200256980 Census bed type: SNF: 62 SNF:NF: 68 Residential: 3 Total: 133 Census payor type: Medicare: 22 Medicare: 22 Medicare: 29 Medicare: 39 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483. Subpart B and 410 IAC 16 2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.	{F 000}	INITIAL COMMENTS		{F 0	000]	}		
completed on May 15, 2015. Complaint IN00172945 - Corrected Survey date: July 1, 2015 Facility number: 001144 Provider number: 155668 AIM number: 200256980 Census bed type: SNF: 62 SNF/NF: 68 Residential: 3 Total: 133 Census payor type: Medicare: 22 Medicare: 22 Medicaid: 59 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.		This visit was for a Post Survey Revisit (PSR) to						
Survey date: July 1, 2015 Facility number: 001144 Provider number: 155668 AIM number: 200256980 Census bed type: SNF: 62 SNF/NF: 68 Residential: 3 Total: 133 Census payor type: Medicare: 22 Medicaid: 59 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.								
Facility number: 001144 Provider number: 155668 AIM number: 200256980 Census bed type: SNF: 62 SNF/NF: 68 Residential: 3 Total: 133 Census payor type: Medicare: 22 Medicaid: 59 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.		Complaint IN00172945 - Corrected						
Provider number: 155668 AIM number: 200256980 Census bed type: SNF: 62 SNF/NF: 68 Residential: 3 Total: 133 Census payor type: Medicare: 22 Medicare: 22 Medicaid: 59 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.		Survey date: July 1, 2015						
AlM number: 200256980 Census bed type: SNF: 62 SNF/NF: 68 Residential: 3 Total: 133 Census payor type: Medicare: 22 Medicaid: 59 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.								
Census bed type: SNF: 62 SNF/NF: 68 Residential: 3 Total: 133 Census payor type: Medicare: 22 Medicaid: 59 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.								
SNF: 62 SNF/NF: 68 Residential: 3 Total: 133 Census payor type: Medicare: 22 Medicaid: 59 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.		AIM number: 200256980						
SNF/NF: 68 Residential: 3 Total: 133 Census payor type: Medicare: 22 Medicaid: 59 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.								
Residential: 3 Total: 133 Census payor type: Medicare: 22 Medicaid: 59 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.								
Total: 133 Census payor type: Medicare: 22 Medicaid: 59 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.								
Medicare: 22 Medicaid: 59 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.								
Medicaid: 59 Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.		Census payor type:						
Other: 49 Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.								
Total: 130 Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.								
Sample: 3 Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.								
Diversicare of Providence was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.		10tal. 130						
compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.		Sample: 3						
410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00172945.								
Investigation of Complaint IN00172945.								
		investigation of Comp	DIAINT IN00172945.					
	LABORATOR	DIDECTORIO CO DE CUESTO DE	OUDDITED DEDESCRIPTION OF STREET					(VC) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.